

LANCASTER COUNTY FIRE POLICE TASK FORCE

Application for Membership

| | | | |
|--|--|-----------------|---------------------|
| Name: | | Phone Number: | |
| Address: | | | |
| Are You 21 Years Old or Older: | | Height: | Weight: |
| Social Security Number (Last 4 Digits) | | Eye Color: | Hair Color: |
| Driver's License Number: | | State: | |
| Have you ever been convicted of a crime? | | Marital Status: | Number of Children: |
| (If "Yes" to above, explain) | | | |
| Municipality where you are "Sworn In": (Twp. Boro, City) | | | |

EMPLOYEMENT

| | | | |
|---|--|---------------------------------|--|
| Employer: | | Phone Number: () _____ - _____ | |
| Address: | | Position: | |
| Are you available for Emergency Calls during working hours? | | Working Hours: | |

EXPERIENCE

| | | | |
|--|--|--|--------|
| List Fire Company & Other Emergency Services Memberships (Use back of form if needed): | | | |
| Fire Company Name: | | Rank: | Years: |
| Are you an active member now? | | Please attach training Certificates: (Copies Only) | |

REFERENCES

| | | | |
|----------|--|---------------|--|
| Name: | | Phone Number: | |
| Address: | | | |
| Name: | | Phone Number: | |
| Address: | | | |

PHYSICAL RECORD:

| | | | |
|--|---|-------|--|
| List any medical restrictions or problems: | | | |
| | | | |
| | | | |
| Blood Type: | List any other medical restrictions or problems | | |
| Family Doctor | Hospital | Phone | |
| In case of emergency notify" | | | |

IMPORTANT – PLEASE READ BELOW STATEMENTS BEFORE SIGNING

1. I understand that to the best of my knowledge and belief, all the information given on this application for task force membership is true, correct and complete. I understand that my statements will be verified, and material fact may result in revocation of this application or my subsequent membership termination from the **L.C.F.P.T.F.** Regardless of when such fact may be discovered.
Please provide a **copy** of your background checks including criminal & child abuse clearance from your Fire Company. And PSP
2. I hereby give **L.C.F.P.T.F.** The right to make thorough investigation into my previous involvement with other organizations, references and criminal record. I release from all liability all persons, companies and corporations supplying such information. I release, indemnify and hold harmless **L.C.F.P.T.F.** From and against and all liability which might result from making such an investigation.
3. I understand and simply by completing this application, does not guarantee membership to the **L.C.F.P.T.F.** I understand that if accepted as a member of **L.C.F.P.T.F.** That the failure to comply with the rules, regulations and procedures can/or will result in disciplinary action and/or dismissal. I understand that my membership is probationary for a period of 90 days.

Signed By: (applicant) _____

Date: _____

Applicant's Fire Chief: _____

Date: _____

Fire Company President: _____

Date: _____

Fire Police Captain: _____

Date: _____

Fire Chief, President, Fire Police Captain signatures indicate permission to upload Task Force Tone in member's Fire Company Pager

Top of Second page is for the Fire Chief to fill out only.

Is the applicant authorized to use a blue light: Yes? or No?
Is the applicant authorized to use red light/sirens: Yes? or No?

PSP Notified: Yes? or No?

Chief Signed: _____

Use this Section for Additional Information that could not fit on the first page:

FIRE POLICE TASK FORCE USE ONLY

| | | |
|--|----------------------------------|---------|
| | Application Termination | Reason: |
| | Task Force Membership Committee: | |
| | Voted in on Probation Period: | |
| | End of Probation: | |
| | Terminated | Reason |

Mail Application's to:
Fire Police Task Force Secretary
Kevin T. Fuentes
121 Wheatland Dr.
Denver, PA 17517